



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: York et al.
Application No.: 10/618,236
Filed: 07/11/2003
Title: Method and System for Obtaining Payment
for Healthcare Services Using a Healthcare
Note Servicer
Examiner: Rangrej, Sheetal
Group Art Unit: 3626
Attorney Docket Number: CREDITCARE - 001

Commissioner for Patents
P. O. Box 1450
Alexandria VA 22313-1450

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS PURSUANT TO 37 CFR 1.36**

Dear Sir:

Applicants herein submit the following: (1) Revocation of Power of Attorney with
New Power of Attorney and Change of Correspondence Address (Form PTO/SB/82 –
two forms total).

Dated: _____

9-14-2007

Respectfully submitted

John Karl Buche
Tel. 858.812.2840
Fax. 858.430.2426
7777 Fay Avenue
La Jolla, California 92037
ATTORNEY FOR APPLICANTS



PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/618,236
Filing Date	07/11/2003
First Named Inventor	Victor C. York
Art Unit	3626
Examiner Name	Rangrej, Sheetal
Attorney Docket Number	CreditCare-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **61226**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

61226

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Victor C. York

Date

7/11/07

Telephone

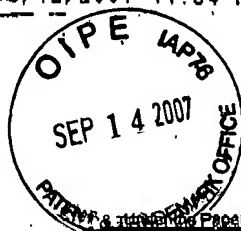
713-975-9550

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Lawrence York

Date

9/12/2007

Telephone

859-514-1632

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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